



SATISFACTORY ACADEMIC PROGRESS APPEAL

STUDENT SECTION:

This section to be completed by the student.

Student Name: _____ Student ID #: _____

CBU email: _____ Phone Number: _____

Current Major/Minor/Concentration: _____

This appeal is to take classes in the D Fall D Spring D Summer Year: _____

Reference your information in Degree Works (accessed through Banner Web) for the following information:

Circle your appropriate classification and program:

Classification: FR SO JR SR GR

Academic Program: Undergraduate Graduate

Overall GPA: _____

Earned Hours: _____ Attempted hours (GPA hours): _____

Each appeal will require a copy of the following:

- **Section 1:** Reasons for your Appeal *To be completed with your Financial Aid Counselor.
- **Section 2:** Required Appeal Essay * To be completed by student and attached to this packet.
- **Section 3:** Semester Plan
- **Section 4:** Agreement for Academic Success Plan * To be completed with your faculty advisor, Department Chair, Dean or Academic Services advisor.

Submission of an appeal and accompanying documentation does not guarantee approval. You will receive a notification at your CBU email account regarding the result of your appeal.

SECTION 1: REASONS FOR YOUR APPEAL

**To be completed with your Financial Aid Counselor.*

Your Federal and/or State financial aid was denied for the upcoming semester because you did not meet Satisfactory Academic Progress. Check the reason(s) why:

- D Insufficient GPA
- D Insufficient Pace of Completion
- D Did not meet Academic Plan requirement
- D Maximum Time Frame Exceeded

Check the reason you were unable to maintain Satisfactory Academic Progress during the previous term:

- D Death or major illness within immediate family
- D Personal illness or injury
- D Other special circumstances. Describe in your Appeal Essay, explained in Section 2.

CBU Financial Aid Counselor name: _____ Date: _____

CBU Financial Aid Counselor signature: _____

SECTION 2: REQUIRED APPEAL ESSAY

** To be completed by student and attached to this packet.*

Please attach a typed essay with this form. The content of your essay should follow the outline below. You may want your advisor to review your essay.

Paragraph 1: Personal circumstances

- Explain the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic semester.
- Reference each piece of documentation that supports your appeal. For example, if you experienced academic and personal difficulties because of the death of a family member, please attach and reference a funeral announcement.

Paragraph 2: Support services

- Address the extent to which you used each support service at the University. For example, if you used Peer Tutoring, please state how many times you received tutoring and specify the subject areas in which you were tutored.
- If you did not use support services at the University, please describe in detail the reasons why you did not use the support services that are available at CBU.

Paragraph 3: Plans for change

- Looking at the reasons for your lack of academic progress that you listed in Paragraph 1, please address the changes that have been made that would allow you to be academically successful. If your situation has not changed, explain how you will manage the situation differently in this new semester.
- Are you working? How will you balance your work and school obligations?
- Discuss the University support services that you will utilize.
- Discuss your short term and long-term goals.

Supporting documentation

Provide additional documentation as needed. For example, if you were treated for a serious illness, you would need a doctor's letter stating the dates of treatment and that you are cleared to return to school.

You must complete Sections 3 & 4 of this Appeal Packet with one of the CBU faculty or staff members listed below (choose one):

- Faculty Advisor
- Major Dept. Chair
- School Dean
- Academic Services staff member

CBU Faculty or Staff name: _____ Signature: _____

Student Signature: _____ Date: _____

SECTION 3: SEMESTER PLAN

** To be completed with your faculty advisor, Department Chair, Dean or Academic Services advisor.*

Use the GPA Calculator in Degree Works to calculate what grades you need to earn this semester in each class to be in Good Academic Standing at CBU.

Your ALT PIN: _____

Credits earned	Required GPA
1-33	1.75
34-51	1.90
52 or more	2.00
Graduate	3.0

Recommended Courses	Credit Hours	Minimum Grade Needed	Goal Grades
Total Credit Hours:		Overall GPA:	Overall GPA:

SECTION 4: AGREEMENT FOR ACADEMIC SUCCESS PLAN

Once registered for classes, you are required to meet with an Academic Services advisor to set your Academic Success Plan in motion.

Initial each section in agreement:

_____ I agree to register for the Recommended Courses listed above.

_____ I agree to meet with an Academic Services Advisor to connect with required support services by the second week of the semester.

_____ I agree to participate in Peer Tutoring and/or other prescribed academic support such as the Math Center, Language Center, Chemistry Dept. Tutoring, and the Writing and Communications Corner.

_____ I agree to meet with an Academic Services advisor regularly throughout the semester for support.

_____ I agree to follow my Academic Success Plan this semester. I understand my SAP status will be reviewed at the end of this semester and my commitment to the Plan will be weighed heavily when the Dean of Academic Services reviews my appeal.